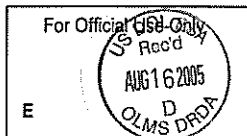


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8507</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Richard E Fain</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>2350 Main St.</u> City <u>Lino Lakes</u> State <u>MN</u> ZIP Code + 4 <u>55038</u>	4. Name, file number, and address of labor organization. Name <u>Laborers District Council MN/ND</u> Labor Organization File Number <u>65482</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>2350 Main St</u> City <u>Lino Lakes</u> State <u>MN</u> ZIP Code + 4 <u>55038</u>
5. Position in labor organization. <u>Council Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

R E Fain

On

8/11/05
Date

651.653.9776

Telephone Number

Name of Person Filing

File Number U-

8. Name and address of Business (including trade name, if any).

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any Suite 325

Street 2520 Pilot Knob Road

City Mendota Heights

State MN ZIP Code + 4 55120

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

Name Cabren's Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any See pg 325

Street 2520 Pilot Knob Rd

City Mendota Heights

State MA ZIP Code + 4 55/20

Third Party Administration

С.А. Козлов

Golf Outing -

100.00

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name _____

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City _____

State _____ ZIP Code + 4 _____

[illegible]

13.b. Is the Business an Employer ☐ or Consultant ☐ ?
